

PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
REQUEST FOR REINSTATEMENT OF SUSPENDED AUTHORITIES

NAME OF COMPANY		T-NUMBER OR PSG-NUMBER
ADDRESS		
CITY, STATE, ZIP CODE		
AREA CODE AND TELEPHONE NUMBER		
()		

RETURN COMPLETED FORM TO:
CALIFORNIA PUBLIC UTILITIES COMMISSION
LICENSE SECTION
505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102

This form is to be completed and returned at the time you desire reinstatement of your authorities from voluntary suspension. Failure to accurately complete this form may delay reinstatement of your authorities.

THE UNDERSIGNED REQUESTS THE REINSTATEMENT OF THE OPERATING AUTHORITIES CHECKED BELOW:

- ☐ HOUSEHOLD GOODS CARRIER PERMIT ☐ CHARTER PARTY CLASS "A" CERTIFICATE
- ☐ CHARTER PARTY "P" PERMIT ☐ CHARTER PARTY CLASS "B" CERTIFICATE
- ☐ CHARTER PARTY "S" PERMIT ☐ CHARTER PARTY CLASS "C" CERTIFICATE
- ☐ CHARTER PARTY "Z" PERMIT

INSURANCE AGENT OR BROKER

NAME: _____ PHONE: () _____
AREA CODE TELEPHONE NUMBER
 ADDRESS: _____
STREET ADDRESS CITY COUNTY ZIP CODE

THIS REQUEST MUST BE ACCOMPANIED BY A COMPLETED:

Household Goods Carriers: TL706-D (Report of Equipment)
 Passenger Carriers: PL664 (Equipment Statement/Vehicle Inspection)

CERTIFICATION

I certify under penalty of perjury that the foregoing list and any attachments of all vehicles used in transportation for compensation by the carrier are true and correct. Where the CPUC operating authority is held by a corporation, I further certify that I am an officer of the corporation and am authorized to make this certification on its behalf.

Date: _____

Signature of Applicant(s)

If applicant is a corporation:

Signature of Corporate Officer

Title of Corporate Officer